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BIBDATASHEET**CONFIRMATION NO. 9935**

Bib Data Sheet

SERIAL NUMBER 10/656,085	FILING OR 371(c) DATE 09/05/2003 RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. B0751/7032
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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 12/16/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged

Examiner's Signature _____ Initials _____

ADDRESS

22832

TITLE

EXTERNAL ENDOSCOPIC ACCESSORY CONTROL SYSTEM

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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